

thold). Dr. Laquer, who used the remedy in Prof. Berger's wards, found it to be a valuable palliative in pulmonary emphysema and bronchitis, but of doubtful benefit in the difficulty of breathing due to valvular lesions of the heart. On the other hand, Krauth found it of great utility in heart disease with dropsy, in Bright's disease with dyspnoea, and in tuberculosis with emphysema and dyspnoea. Dr. Berkhart, of London, has used quebracho in asthma and emphysema with the effect to palliate the dyspnoea.¹ One of the most thorough and extensive reports on the use of quebracho is that of Dr. A. H. Smith² from the Therapeutical Society of New York. Of eleven cases of spasmodic asthma, the dyspnoea was notably relieved in nine. In two cases of asthma with bronchitis there was no relief. In six cases of cardiac disease, probably valvular, only two experienced any benefit to the dyspnoea, and in these the form of heart disease was not specified. In two cases of pneumonia, in one case of catarrhal pneumonia, in one case of aortic aneurism, in one case of cancer of the lung, and in two cases of Bright's disease, the dyspnoea which accompanied them was relieved. Of thirty-two cases, observed by the members of the Therapeutical Society, in which dyspnoea was a prominent symptom, it was relieved to a greater or less extent in twenty-two; there was no improvement in the difficult breathing in ten, and in one the breathing became more embarrassed. Dr. Smith offers a plausible theory to explain the effect of quebracho. He refers the action to the respiratory centre, the remedy blunting the sense of need of air.

From the various observations, we gather that quebracho has an undoubted therapeutical effect in lessening or stopping dyspnoea. It is most effective in spasmodic asthma, but may afford relief in any case, accompanied by the symptom dyspnoea. On the whole, the reports are fairly agreed as to the sphere and range of its powers. Some variations may be due to the preparation, and to the substitution of quebracho Colorado for the genuine quebracho blanco. But the differences between them are, however, differences of degree rather than of kind. R. B.

ART. XXIX.—*The Sympathetic Diseases of the Eye.* By LUDWIG MAUTHNER, Professor in the University of Vienna. *Translated from the German* by WARREN WEBSTER, M.D., Surgeon U. S. A., and JAMES A. SPALDING, M.D., Member Amer. Oph. Soc., etc.: pp. 220. New York: Wm. Wood & Co., 1881.

THERE is no class of diseases of the eye which should enlist more earnest attention on the part of the physician who is not a specialist than that which is commonly known as sympathetic ophthalmia. There are other diseases as destructive to vision, but most of them are not preventable, and many we are not able to control when once the morbid process has begun; but we have here an affection which is commonly regarded as being among the preventable diseases, and should it occur there is a liability of

¹ The British Medical Journal, January 31, 1880, p. 167.

² New York Medical Journal, September, 1881.

the charge of criminal carelessness and neglect on the part of the patient or surgeon, or of both. Moreover, these affections, since they arise mostly from injuries to the fellow eye, are likely to occur anywhere, and the practitioner remote from the specialist, and the young man just entering upon his professional career, are as likely to meet with them as their brethren in more thickly settled communities. To these the little book of Mauthner should be most welcome, as it gives the very latest knowledge of the subject in a clear, succinct, and comprehensive manner. In fact, there is no work in any language which goes into the question in all its aspects with the same thoroughness as does this one, and readers may rely upon it that they have in its pages all that was to be said upon the subject, up to the time of the publication of the original in 1878, which is the date of the German edition from which this translation is made. Nothing essentially new, however, has been added to our knowledge since that time, though *theories* have multiplied somewhat. All that is essential and practical remains the same.

The author considers his subject under the heads of anatomy, etiology, pathology, pathogeny and therapeutics. The causes of sympathetic affections are various, and almost all forms of injury and disease have been charged with it, but those which are the most frequent producers of sympathetic mischief are injuries, and particularly those injuries which involve the ciliary body and iris. In regard to this Mauthner says, "Simple injury of the ciliary body, when not implicated with prolapse of the iris or incarceration of some portions of the ciliary body in the penetrating wound, is not often followed by serious consequences." He is of the opinion that violent contusions and concussions inflicted by blunt bodies are the most frequent causes of the cyclitis and its associate diseases irido-cyclitis, which lead to sympathetic trouble. In these affections, as indeed in all troubles causing sympathetic disturbance, the morbid process is often very insidious, and frequently much damage is done before it is discovered. It must be remembered, too, that the sympathetic disease does not follow close on the heels of the original injury. Mauthner says he *never* saw it occur within four weeks, and as many as forty or fifty years may elapse between the receipt of the injury and the outbreak of trouble in the fellow eye.

As regards the form in which sympathetic trouble may appear, we can have it in any form of inflammation of any structure of the eye in which inflammation is likely to occur. It may also manifest itself as a simple *functional* disturbance without any visible alteration of structure, making itself known by an inability to use the eye for any length of time without pain or inconvenience, or it may show itself as a pure neuralgia of the ciliary nerves. This aspect of the question is treated with great impartiality and much detail in the chapter on pathology.

The section on pathogeny is one which shows much research and evinces great fairness on the part of the author in the weighing of evidence. This is the most obscure chapter in the whole question of sympathetic affections. How does the trouble pass from one eye to the other? There are two methods which at once present themselves to the mind as possible; one by means of the optic nerves, the other through the medium of the ciliary nerves. Both of these methods have adherents, but it seems probable, in the light of our more recent knowledge of the subject, that sympathetic disease may be conveyed by either one or both. On this point Mauthner sums up the evidence as follows:—

"We have, on the whole, no right at all to ask whether the sympathetic affection is transmitted along the optic nerves or along the ciliary nerves; nor can we ask whether its transmission takes place along the one path more frequently than along the other. For the transmission may be affected in both ways. But by this, however, we are not to understand that one and the same morbid process can be transmitted, now along one path and now along another. On the contrary, irritative and inflammatory conditions are transmitted from the optic nerve and retina along the optic nerves; whilst those inflammatory processes which are chiefly observed in that portion of the eye which is nourished by the ciliary nerves, and especially the uveal tract, are transmitted along the ciliary nerves. There is not the least doubt that the sympathetic inflammation may frequently be transmitted along both paths at once, or at short intervals, so that many symptoms in sympathetic affections of the uveal tract (amongst others the functional disturbances) are not to be attributed to the inflammation of the uveal tract, but to a simultaneous inflammation of the retina and optic nerve." (pp. 132-3.)

The last section (V.) is devoted to the therapeutics of sympathetic disease. It is here that the author joins issue with many surgeons, particularly of the English school. In England, in a general way it may be said, that an injured eye, particularly if no vision remains, means immediate enucleation.

" . . . Thousands upon thousands of eyes have been sacrificed," says our author, "and where is the oculist who feels wholly innocent of having operated under the philanthropical mantle of preventive enucleation, just for the sake of gaining some especially desirable specimen for his pathological collection?"

These are, indeed, grave charges, and the greater part of this section is given up to an effort to substantiate them. Conservative surgery is the crowning triumph of this era of medical science, but we must take heed lest we allow our conservatism to carry us too far. When a patient presents himself to us with a seriously wounded eye, with perhaps only a vestige of vision remaining, and we know that so long as that patient lives there is a *risk* of sympathetic inflammation in the other, which is likely to go on to total destruction of function in spite of the best directed treatment, and, it may be, even after the lapse of twenty or thirty years, it must be a very confident surgeon who will refuse operative interference, particularly as—according to Mauthner's own statement—enucleation during the active stage of sympathetic disease is futile if not pernicious in its influence on the course of the disease. This "preventive enucleation," which Mauthner seeks to bring into discredit, we deem the *true* conservative surgery. That enucleation during active process in the fellow eye is not always successful, and that it *appears* in some instances to be followed by evil results as to the course of the disease in the sympathetically affected eye, is no argument against its use under proper circumstances. If our patients had always an intelligent comprehension of the dangers they were threatened with, and we could be always sure that they were under the supervision of a competent surgeon, we could then conscientiously allow them time, but unfortunately such a happy combination of circumstances is rarely to be met with. Mauthner lays down the law as follows:—

"My creed in the question of enucleation runs briefly thus: It *MAY* be performed as a preventive; it *MUST* be performed in the stage of irritation; it *CAN* NOT be performed in iritis serosa and iritis plastica; it *CAN* be performed in iridocyclitis plastica, provided the eye causing sympathy is totally blind, but not in a state of violent irritation." (p. 170.)

We congratulate the translators on the satisfactory manner in which they have performed their work, and beg leave to express a hope that the success of this venture may be such as to induce them to give an English dress to the succeeding series of lectures by the same author on ophthalmological subjects. Of text-books we have enough and to spare, but exhaustive monographs like these lectures of Prof. Mauthner are at the present time an absolute necessity, alike to student and practitioner.

S. M. B.

ART. XXX.—*Handbuch der Historisch-Geographischen Pathologie.* Von Dr. AUGUST HIRSCH, Prof. der Medicin in Berlin. Zweite Vollständig neue Bearbeitung. Erste Abtheilung. *Die Allgemeinen Acuten Infectiouskrankheiten.* 8vo. S. 481. Stuttgart: Ferdinand Enke, 1881.

Handbook of Historico-Geographical Pathology. By Dr. AUGUST HIRSCH, Professor of Medicine in Berlin. Second edition, entirely rewritten. First Part. *The Acute Infectious Disease*, etc.

THE study of diseases, with special references to their distribution over time and the earth's surface, possesses interest not merely for the scholars in the profession, but also for the busy practitioner of medicine, since for the intelligent management of a disease it is necessary for him to know where, when, and under what circumstances it first made its appearance; what conditions seem to favour its repeated outbreaks; what are the habits of the people and the geological formation of the country where it most frequently occurs; what influences promote its diffusion, and, if contagious, upon what does this property depend. These and numerous similar questions, while they had not been allowed to pass entirely without notice by authors, had never been satisfactorily answered before the appearance of the first edition of Dr. Hirsch's work twenty-five years ago. Since then there have been many other workers in this field, the result of whose labours has been a vast addition to our knowledge of the etiology of disease. Indeed, as the author says, we know more at the present day of the diseases of remote parts of the earth than was known in the early part of this century of those of the highly civilized nations of Europe or of this country.

The work, when finished, will consist of three volumes. This volume is made up of articles on the acute infectious diseases; the second will be devoted to the discussion of the chronic infectious diseases and constitutional diseases; and the third to that of organic diseases.

The general plan of the work will perhaps be made most clear to our readers by making for them a brief abstract of a chapter on an important disease, as, for instance, that on the plague:—

The author first traces the history of this disease from the time when we have the first authentic accounts of its ravages down to the present day. He finds in the *Collectanea*, of Oribasius, references to the writings of Rufus, which establish beyond a doubt the fact that the plague existed as an epidemic disease in Libya, Syria, and Egypt two or three centuries before our era, and that it also occurred in those countries at about the time of the birth of Christ, and for a century afterwards; but it would seem